

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul A. Mifsud

Signature of Treasurer

Paul A. Mifsud

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">194613.39</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">213268.67</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">37067.07</span>	<span style="border: 1px solid black; padding: 2px;">85979.55</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">250335.74</span>	<span style="border: 1px solid black; padding: 2px;">280592.94</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>	<span style="border: 1px solid black; padding: 2px;">32007.20</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">248585.74</span>	<span style="border: 1px solid black; padding: 2px;">248585.74</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
05		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
05		31		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2535.00

13985.00

(ii) Unitemized .....

34532.07

71994.55

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

37067.07

85979.55

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

37067.07

85979.55

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

37067.07

85979.55

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

37067.07

85979.55

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	12757.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	12757.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1750.00	19250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1750.00	32007.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1750.00	32007.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	37067.07	85979.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37067.07	85979.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	12757.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	12757.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elisa S. Zied**

Mailing Address Apt 3501

City  
New York

State Zip Code  
NY 10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : A43B9B296BB064741814**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeanne Blankenship**

Mailing Address 1120 Connecticut Ave NW, Ste 480

City  
Washington

State Zip Code  
DC 20036-3989

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ADA-STAFF

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 11 / 2012

**Transaction ID : A95DE2A8A91C1478E8C2**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Sonja L. Connor**

Mailing Address 2600 SW Sherwood Place

City  
Portland

State Zip Code  
OR 97201-2285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Oregon Health & Science Univ

Research Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2012

**Transaction ID : AB505A5EFFFAD4D298CE**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elise A. Smith**

Mailing Address 159 Woodlands Glen Cir

City State Zip Code  
 Brandon MS 39047-7117

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Nutrition Systems Consulting Vice President, Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2012

**Transaction ID : A38C031403D284BD2967**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Nancy J. Becker**

Mailing Address 2417 NE 16th Ave

City State Zip Code  
 Portland OR 97212-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Oregon Public Health Institute Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2012

**Transaction ID : A6CC14E484634467594A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mary W. Vester-Toews Mrs.**

Mailing Address 2099 W Via Tivoli

City State Zip Code  
 Fresno CA 93711-2885

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 N/a @ Present

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : A3FA64DA7C9EA44B1881**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul A. Mifsud**

Mailing Address Ste 2000

City

Chicago

State

IL

Zip Code

60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Dietetic Association

Occupation

Vice President, Finance and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.52

Date of Receipt

05 / 31 / 2012

**Transaction ID : A47C5E70276844ED1929**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Karen T. Bellesky**

Mailing Address 4000 North Charles Street  
Unit 906

City

Baltimore

State

MD

Zip Code

21218-1762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chase Brexton

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : A694A1F8126194D998B4**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. M Patricia P. Fuhrman**

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coram, Inc.

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : A174ECEDE996D4CA5AB4**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

2535.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Italian American Democratic Leadership Council**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2012

Mailing Address 1400 Eye Street NW  
Ste 900

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Support for Congressional Democrats

Candidate Name

Category/  
Type**Transaction ID : B8322B393C2374F8EA31**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Braley for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2012

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement  
Rep. Bruce Braley [D-1st-IA]

Candidate Name

**Rep. Bruce L. Braley**Category/  
Type**Transaction ID : B1B65D2AA562A49FDBA9**

Amount of Each Disbursement this Period

1500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Full Name (Last, First, Middle Initial)

**C. Congressman Danny K. Davis**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address DAVIS FOR CONGRESS  
5956 W Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement  
Danny Davis

Candidate Name

**Rep. Danny K. Davis**Category/  
Type**Transaction ID : B094284E6FFDE46439B2**

Amount of Each Disbursement this Period

-2500.00
----------

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 07

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Senator Benjamin L. Cardin**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2012

Mailing Address **BEN CARDIN FOR Senate**  
**P.O. Box 21093**City **Catonsville** State **MD** Zip Code **21228**Purpose of Disbursement  
**Sen. Ben Cardin [MD-D]**

Candidate Name

**Sen. Benjamin L. Cardin**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼
State: **MD** District:Category/  
Type**Transaction ID : BCBAC131EAF954AD1BB5**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Congressman Danny K. Davis**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address **DAVIS FOR CONGRESS**  
**5956 W Race Avenue**City **Chicago** State **IL** Zip Code **60644**Purpose of Disbursement  
**Danny K Davis**

Candidate Name

**Rep. Danny K. Davis**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼
State: **IL** District: **07**Category/  
Type**Transaction ID : BC782B80E16FC4602B18**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. Congressman Earl Blumenauer**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2012

Mailing Address **BLUMENAUER FOR CONGRESS**  
**830 NE Holliday, Suite 105**City **Portland** State **OR** Zip Code **97232**Purpose of Disbursement  
**Rep. Earl Blumenauer [D-OR-3]**

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼
State: **OR** District: **03**Category/  
Type**Transaction ID : B930C96FB75C04EA4A46**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00
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1750.00
---------